

CHAPTER 52

**PUBLIC HEALTH PRACTICE STANDARDS OF
PERFORMANCE FOR LOCAL BOARDS
OF HEALTH IN NEW JERSEY**

Authority

N.J.S.A. 26:1A-15 and 26:3A2-1 et seq.

Source and Effective Date

R.2003 d.51, effective February 18, 2003.

See: 34 N.J.R. 241(a), 35 N.J.R. 1083(a).

Chapter Expiration Date

Chapter 52, Public Health Practice Standards of Performance for Local Boards of Health in New Jersey, expires on February 18, 2008.

CHAPTER TABLE OF CONTENTS

SUBCHAPTER 1. GENERAL PROVISIONS

- 8:52-1.1 Purpose
- 8:52-1.2 Scope
- 8:52-1.3 Compliance
- 8:52-1.4 Performance monitoring and evaluation
- 8:52-1.5 Registration
- 8:52-1.6 Contractual services
- 8:52-1.7 County environmental health activities
- 8:52-1.8 Standards and publications referred to in this chapter

SUBCHAPTER 2. DEFINITIONS

- 8:52-2.1 Definitions

SUBCHAPTER 3. PUBLIC HEALTH PRACTICE

- 8:52-3.1 Practice of public health
- 8:52-3.2 Services and capacities
- 8:52-3.3 Local health agency's minimum capacity
- 8:52-3.4 Specialized regional expertise and capacity

SUBCHAPTER 4. PUBLIC HEALTH STAFFING

- 8:52-4.1 Public health staffing requirements
- 8:52-4.2 Public health staffing qualifications

SUBCHAPTER 5. ADMINISTRATIVE SERVICES

- 8:52-5.1 Scope and purpose
- 8:52-5.2 Management and leadership
- 8:52-5.3 Community public health activities
- 8:52-5.4 Public health system assurance

**SUBCHAPTER 6. HEALTH EDUCATION AND HEALTH
PROMOTION**

- 8:52-6.1 Scope and purpose
- 8:52-6.2 Health education and health promotion services

SUBCHAPTER 7. PUBLIC HEALTH NURSING

- 8:52-7.1 Scope and purpose
- 8:52-7.2 Public health nursing services

**SUBCHAPTER 8. ASSURE WORKFORCE
COMPETENCIES**

- 8:52-8.1 Scope and purpose
- 8:52-8.2 Workforce assessment
- 8:52-8.3 Workforce standards
- 8:52-8.4 Workforce continuing education
- 8:52-8.5 Workforce diversity training

**SUBCHAPTER 9. COMMUNITY PUBLIC HEALTH
PARTNERSHIPS**

- 8:52-9.1 Scope and purpose
- 8:52-9.2 Development and participation in community public health partnerships
- 8:52-9.3 Other community partnerships
- 8:52-9.4 Developing service directories

SUBCHAPTER 10. MONITOR HEALTH STATUS

- 8:52-10.1 Scope and purpose
- 8:52-10.2 Community health assessment
- 8:52-10.3 Data collection and management

SUBCHAPTER 11. POLICY DEVELOPMENT

- 8:52-11.1 Scope and purpose
- 8:52-11.2 Countywide or multi-countywide community health planning

**SUBCHAPTER 12. DIAGNOSIS AND INVESTIGATION
OF HEALTH PROBLEMS AND HAZARDS**

- 8:52-12.1 Scope and purpose
- 8:52-12.2 Emergency response capability
- 8:52-12.3 Surveillance
- 8:52-12.4 Technical capacities

**SUBCHAPTER 13. PREVENTIVE PERSONAL HEALTH
SERVICES AND ACCESS TO HEALTH
CARE**

- 8:52-13.1 Scope and purpose
- 8:52-13.2 Assure personal and clinical preventive health care
- 8:52-13.3 Community outreach for public health services
- 8:52-13.4 Information systems for personal health and related services

**SUBCHAPTER 14. ENFORCEMENT OF PUBLIC
HEALTH LAWS**

- 8:52-14.1 Scope and purpose
- 8:52-14.2 Public health laws and rules

SUBCHAPTER 15. HEALTH RELATED RESEARCH

- 8:52-15.1 Scope and purpose
- 8:52-15.2 Capacity to initiate timely epidemiological, economic, and health services research
- 8:52-15.3 Operational implementation of research findings
- 8:52-15.4 Linkage with institutions of higher education

SUBCHAPTER 16. EVALUATION

- 8:52-16.1 Scope and purpose
- 8:52-16.2 Evaluation and performance

APPENDIX**SUBCHAPTER 1. GENERAL PROVISIONS****8:52-1.1 Purpose**

(a) The purpose of this chapter is to:

1. Establish standards of performance for public health services that meet the legislative intent as set forth in the Local Health Services Act, N.J.S.A. 26:3A2-1 et seq. and Local Boards of Health, N.J.S.A. 26:3-1 et seq.;

2. Assure the provision of a modern and manageable array of public health services to all citizens of New Jersey;

3. Designate activities which are required by all local boards of health which shall build local public health capacity and encourage the development of an integrated systems approach for local public health;

4. Encourage cooperation among community partners to protect and improve the health of New Jersey residents;

5. Align local boards' of health and local health agency's performance standards with National Public Health Performance Standards and National Model Community Standards as described in "National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument";

6. Build a reliable and cost-effective public health system;

7. Protect and promote physical and mental health and prevent disease, injury, and disability, thereby assuring the health of the citizens of New Jersey; and

8. Support the goals of "Healthy New Jersey 2010: A Health Agenda for the First Decade of the New Millennium" to increase the quality and years of life of New Jersey residents and to eliminate health disparities.

8:52-1.2 Scope

Each local board of health shall establish and maintain the standards of performance as set forth in this chapter. No standard shall be construed to authorize a lesser standard than that prescribed by statute or rule or to empower or require a local health agency to act in matters solely under the jurisdiction of a State, county, or municipal government.

8:52-1.3 Compliance

(a) Each local board of health and local health agency shall be accountable for their adherence to standards of performance to the Public Health Council and to the Department pursuant to the provisions of N.J.S.A. 26:3A-2 et seq.

(b) Each local health agency shall make available to the Office of Local Health, within 10 business days of the request, source data and information used for evaluation and determining adherence to standards of performance as set forth at N.J.A.C. 8:52-1.4.

(c) If a local board of health is found to be deficient in meeting the standards of performance as set forth in this chapter, the local board of health shall be required to submit a corrective action plan within 30 calendar days to the Office of Local Health. Regardless of this corrective action plan, the Department may take action at the expense of the non-compliant municipality in accordance with the provisions set forth at N.J.S.A. 26:3A2-11 and 26:2F-13.

8:52-1.4 Performance monitoring and evaluation

A method for evaluation and determining adherence to standards of performance shall be developed by the Office of Local Health as set forth at N.J.A.C. 8:52-16. The information and data may be used by the Office of Local Health for compliance purposes, publication, and research.

8:52-1.5 Registration

(a) Each board of health shall register annually with the Office of Local Health.

(b) Registration information shall be made in a format determined by the Office of Local Health and shall include:

1. Identification of membership of the local board of health;

2. Experience, education and training relevant to public policy development;

3. The type of local governance;

4. The type of authority exercised (governing body, autonomous or advisory);

5. Jurisdictional areas by municipal code;

6. The annual public health budget;

7. A schedule of meetings of the local board of health;

8. Identification of the local health agency and any other providers contracted to deliver public health services; and

9. The names, addresses, telephone numbers, fax numbers, and e-mail addresses of the leadership personnel of the local board of health.

8:52-1.6 Contractual services

A recognized public health activity which meets the standards of performance prescribed in this chapter may be planned and offered directly by the local board of health or by any person or agency under contract to the board, provided that

the contract specifies that the services to be provided shall be consistent with the provisions set forth in this chapter and shall not violate any State statute or rule.

8:52-1.7 County environmental health activities

Each local health agency may comply with all applicable provisions of the County Environmental Health Act, N.J.S.A. 26:3A2-21 et seq. and the standards promulgated thereunder by the Department of Environmental Protection, N.J.A.C. 7.1H.

8:52-1.8 Standards and publications referred to in this chapter

(a) The full title, edition, and availability of each of the standards and publications referred to in this chapter are as follows:

1. "National Public Health Performance Standards Program Local Public Health System Performance Assessment Instrument," as amended and supplemented. This document is available through the Public Health Practice Program Office, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, GA, 30333 or at www.phppo.cdc.gov.

2. "Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq., Programmatic Guidelines for Best Practices," incorporated herein by reference as the chapter Appendix, and the "Companion Document to Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq." These documents are available from the Office of Local Health, PO Box 360, Trenton, NJ 08625-0360, 1-609-292-4993 or at www.state.nj.us/health/lh/olh.htm.

3. "The Public Health Workforce: An Agenda for the 21st Century," as amended and supplemented. This document is available from the US Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion, 200 Independence Avenue, SW, Room 738G, Washington, DC 20201 or at www.health.gov/phfunctions.

4. The "Core Competencies for Public Health Professionals;" Council on Linkages Between Academia and Public Health Practice, as amended and supplemented. This document is available from the Public Health Foundation, 1220 L Street, NW, Suite 350, Washington, D.C. 20005 or at www.trainingfinder.org/competencies.

5. "Assessment Protocol for Excellence in Public Health (APEX-PH) Part 1: Organizational Capacity Assessment," as amended and supplemented: "Mobilizing for Action through Planning and Partnerships" (MAPP) and "Protocol for Assessing Community Excellence in Environmental Health" (PACE EH), as amended and supplemented. These documents are available from National Association of County and City Health Officials, 440 First Street, NW, Suite 500, Washington, DC 20001 or at www.naccho.org.

6. "Healthy New Jersey 2010," as amended and supplemented. This document is available from the Department's Office of Policy and Research, PO Box 360, Trenton, NJ 08625-0360, 1-609-984-6702 or at www.state.nj.us/health/healthy/2010.

7. "Health People 2010," as amended and supplemented. This document is available from the U.S. Department of Human Services, 200 Independence Avenue, SW, Washington, DC 20201 or at www.health.gov/healthypeople.

SUBCHAPTER 2. DEFINITIONS

8:52-2.1 Definitions

The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Actively participate" means that the local health officer or his or her designees do not miss more than one regularly scheduled meeting in a 12-month period for meetings which are scheduled monthly, or attend 75 percent of all meetings for meetings held more frequently than one time per month, and provide input and take necessary action as required.

"Advocacy" means to act and speak out in support of a specific public health issue or cause.

"Assure" means to achieve agreed Upon goals by encouraging the actions of public or private entities, by requiring such actions through ordinance, or by providing direct service.

"Capacity" means the ability to perform services through available resources, staffing, and/or contractual agreements.

"Clinical preventive health services" means those primary care services that assure timely epidemiological investigation and specific disease prevention and containment and are those services which are an integral component of the public health protection and prevention process.

"Community health assessment" means a formal countywide or multi-countywide process which determines the health status and quality of life. The assessment identifies problems, assesses the community's capacity to address health and social service needs, and allows for Statewide comparability. The assessment also identifies those populations; if any, that are under served by providers in that community and provides information about resource distribution and costs.

"Community Health Improvement Plan" means a formal written plan which includes the roles and responsibilities of all participants as well as a mechanism for accountability for agreed upon goals, objectives and services. The plan is developed through a series of timely and meaningful action steps that define and direct the distribution of essential public health services of community public health providers in a specific countywide or multi-countywide area according to partnerships and processes

set forth in this chapter. All plans need to be approved by the Office of Local Health.

“Community public health providers” means governmental local health agencies and other public and private entities in the community that provide public health services.

“Competent leadership” means a public health professional who is trained in supervisory and leadership techniques and who has demonstrated an ability to plan, organize, and direct the work of others in order to attain public health objectives.

“Continuous quality improvement” means a process whereby performance is measured on a regular basis, strategies for improving performance are developed and implemented, and feedback monitoring is performed to assure high quality services.

“Data analysis” or “analysis of data” means the collection, compilation, statistical analysis, and interpretation of data.

“Department” means the Department of Health and Senior Services.

“Designee” means one or more licensed public health professional(s) employed by the local health agency who act on behalf of the health office of that local health agency; or one or more licensed health officer(s) employed by one local health agency who agree to act on behalf of a licensed health officer employed by another local health agency.

“Director of health education” means an individual who is responsible for public health education leadership and for the management of the major responsibilities of health education.

“Director of public health nursing” means an individual who is responsible for public health nursing leadership, policy development, planning and quality assurance of public health nursing practice and for the supervision and management of the major responsibilities of public health nursing.

“Distance Learning Network” means a Statewide system of educational facilities which are available and capable of receiving and downlinking satellite transmissions. These facilities also make maximum use of other evolving technologies for the purpose of training public health and other professionals.

“Enforcement” means any action taken by a local board of health or its local health agency to ensure compliance with provisions of N.J.S.A. 26:3-1 et seq., N.J.S.A. 26:3A2-1 et seq., or any other applicable rules promulgated thereunder.

“Epidemiologist” means an individual who is responsible for data instrument design; data analysis; problem solving, development and evaluation of surveillance activities; the design, conduct, and reporting of research projects with the capacity to investigate and describe the determinants and distribution of disease, disability, and other health outcomes; and developing the means for disease prevention and control.

“Field representative, health education” means an individual who performs health education and health promotion activities under the supervision of a health educator.

“Graduate nurse, public health” means an individual who performs direct clinical services under the supervision of a public health nurse.

“Health Alert Network” or “HAN” means the term used by the Federal Centers for Disease Control and Prevention (CDC) to describe the public health infrastructure: the communications system, workforce training and organizational capacity needed to respond to public health emergencies. In New Jersey, the Local Information Network and Communications System (LINCS) and Distance Learning Network form the foundations for the HAN.

“Health education” means any educational, organizational, policy, economic, and environmental intervention designed to stimulate health behaviors in individuals, groups, and communities.

“Health educator” means an individual who is responsible for assessing individual and community health education needs; planning, implementing, and evaluating effective health education programs; coordinating health education services; serving as a resource person in health education; and communicating health and health education needs, concerns, and resources.

“Health officer” means an individual who is licensed pursuant to N.J.A.C. 8:7 and is employed full-time as the chief executive officer of a municipal, regional, county or contractual health agency. This individual is responsible for evaluating health problems, planning appropriate activities to address these health problems, developing necessary budget procedures to finance these activities, and directing staff to carry out these activities efficiently and economically.

“Information technologist(s)/computer specialist(s)” means an individual who evaluates information technology hardware and/or software, provides technical planning, prepares specifications, evaluates information technology vendors and/or contracts, prepares cost benefit analyses of various information technology solutions.

“Linkages” means a set of formal or informal relationships among organizations and agencies which constitute a community public health system.

“Local Information Network and Communications System” or “LINCS” means a network of public health agencies which are inter-connected with the Department through an electronic public health information system that is built on personal computer and Internet technologies.

“Local board of health” means a county or municipal board of health, or a board of health of any regional, local, or special health district having the authority to regulate public health or sanitation by ordinance.

“Local Health agency” means any municipal local health agency, contracting local health agency, regional health commission, or county health department that is administered by a full-time health officer and conducts a public health program pursuant to law.

“Local public health system” means the informational, financial, organizational and human resources that contribute to the public’s health. These include, but are not limited to, local health agencies, hospitals, emergency medical services, managed care organizations, primary care centers, social services agencies, schools, health care practitioners, church groups, volunteer agencies, and community-based organizations.

“Monitor” means to systematically measure a process or task or to track compliance with standards, guidelines, laws, rules or regulations.

“Office of Local Health” means the Office of Local Health within the Department of Health and Senior Services.

“Policy” means a set of comprehensive public health laws, methods, and guidelines which are based on scientific knowledge.

“Preventive health services” means those population-based activities such as clinical, health education and/or health promotion, screening, treatment, and follow-up which provide primary or secondary disease prevention.

“Public health” means organized societal efforts to protect, promote, and restore the people’s health, and societal activities undertaken to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, and counter threats to the health of the public.

“Public health emergencies” means urgent, severe threats to the health of the population which are of an acute nature and require immediate response. Response may include mitigation and enforcement by the local governmental public health system.

“Public health medical director” means an individual under the administrative direction of a health officer of a local health agency who is responsible for developing and evaluating medical policies related to the public’s health. These policies include, but are not limited to, evaluation of screening recommendations, treatment recommendations, and the use of medical devices through the performance of core public health functions and the delivery of the “10 essential public health services” at N.J.A.C. 8:52-3.2(a)1 through 10.

“Public health nurse” means an individual who uses knowledge from nursing, social, and public health sciences to promote and protect the health of populations through the performance of core public health services” at N.J.A.C. 8:52-3.2(a)1 through 10.

“Public health nursing supervisor” means an individual who is responsible for managing the daily public health nursing activities for the performance of core public health functions and the delivery of the “10 essential public health services” at N.J.A.C. 8:52-3.2(a)1 through 10.

“Public health planner” means an individual who is responsible for the collection and summary of relevant health information through the use of modern health planning tools; the use of current techniques in decision analysis; the identification and integration of public health laws, regulations and policies

into specific local health agency programs and activities; the preparation of policy options with expected outcomes and recommendations for the appropriate course of action; and the development of mechanisms to evaluate the effectiveness and quality of public health programs.

“Registered environmental health specialist” means an individual who is licensed pursuant to N.J.A.C. 8:7 and is responsible for the performance of inspections, the compilation of proper records of inspections, the collection of evidence of violations, and the issuance of notice of violation to responsible parties.

“Surveillance” means the continuous systematic collection, analysis, and interpretation of health data that is essential to planning, implementation, evaluation of public health practice, and dissemination of these data.

“Surveillance system” means a functional capacity for data collection, analysis, and dissemination linked to public health programs, and the application of these data to prevention and control.

SUBCHAPTER 3. PUBLIC HEALTH PRACTICE

8:52-3.1 Practice of public health

(a) The practice of public health in New Jersey is defined by the programs and capacities to provide services as set forth at N.J.A.C. 8:52-3.2(a) below, and shall be ensured by each local board of health for each of its residents in accordance with this chapter.

(b) Local health agencies shall be responsible for delivering and ensuring population-based public health services as set for in this chapter.

(c) Local boards of health and local health agencies developing a countywide or multi-countywide systems approach to build the capacity and expertise required pursuant to this chapter may do so in accordance with the guidelines found in the “Companion Document to Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq.”

8:53-3.2 Services and capacities

(a) Public health services shall include administrative services as set forth at N.J.A.C. 8:52-5, health education services as set forth at N.J.A.C. 8:52-6, public health nursing services as set forth at N.J.A.C. 8:52-7, and the three core functions of public health which have been expanded to become the “10 essential public health services” in (a)1 through 10 below. Public health services shall:

1. Monitor health status to identify community health problems as set forth at N.J.A.C. 8:52-10. This service includes:

- i. Collecting, compiling, interpreting, reporting, and communicating vital statistics and health status measures of populations or sub-populations, as available, within one or more counties. Reporting shall be contingent upon the development of electronic reporting systems;
 - ii. Assessing health service needs; and
 - iii. Timely analyzing, communicating, and publishing information on access to, utilization of, quality of, and outcomes of personal health services;
2. Diagnose and investigate health problems in the community as set forth at N.J.A.C. 8:52-12. This service includes:
 - i. Identifying emerging epidemiological health threats;
 - ii. Supporting prevention efforts with public health laboratory capabilities.
 - iii. Supporting active infectious disease prevention and control efforts; and
 - iv. Acquiring and sustaining technical capacity for epidemiological investigation of disease outbreaks and patterns of chronic disease and injury;
3. Inform, educate, and empower people regarding health issues as set forth at N.J.A.C. 8:52-6. This service includes:
 - i. Social marketing and targeted public medial communications regarding public health issues;
 - ii. Providing accessible health information resources at the community level;
 - iii. Collaborating with personal health care providers to reinforce health promotion messages and programs; and
 - iv. Initiating health education with schools, community groups, special populations, and occupational sites;
4. Mobilize community partnerships to identify and solve health problems as set forth at N.J.A.C. 8:52-9. This service includes:
 - i. Convening community groups and associations that have access to populations and resources to facilitate prevention, screening, rehabilitation, and support activities; and
 - ii. Identifying and organizing community resources through skilled coalition building to support the goals and activities of a countywide public health system;
5. Develop policies and plans which support individual and community health efforts as set forth at N.J.A.C. 8:52-11. This service includes:
 - i. Systematic countywide and State level planning for health improvement;
 - ii. Development and tracking of measurable health objectives as a part of a continuous quality improvement strategy;
 - iii. Development of consistent policies regarding prevention and treatment services; and
 - iv. Development of codes, regulations, and legislation to authorize and guide the practice of public health;
6. Enforce the laws and regulations that protect health and ensure safety as set forth at N.J.A.C. 8:52-14. This service includes:
 - i. Enforcement of the State Sanitary Code;
 - ii. Protection of food and drinking water supplies;
 - iii. Compliance with environmental health activities regarding air, water, noise, and nuisances; and
 - iv. Investigation of health hazards, preventable injuries, and exposure-related diseases in both the work and community settings;
7. Link people to needed personal health services and assure health care when it is otherwise unavailable as set forth at N.J.A.C. 8:52-13. This service includes providing:
 - i. Access to the personal health care by socially disadvantaged individuals;
 - ii. Culturally and linguistically appropriate materials and staff to assure linkage to services for special populations;
 - iii. Continuous care management;
 - iv. Transportation services;
 - v. Technical assistance and health information for high risk groups; and
 - vi. Occupational health programs;
8. Ensure a competent local public health system and assure a competent personal health care workforce as set forth at N.J.A.C. 8:52-8. This service includes:
 - i. Assessing existing and needed competencies at the community and organizational levels pursuant to N.J.A.C. 8:52-4.2;

- ii. Establishing standards for public health professionals;
- iii. Evaluating job performance;
- iv. Requiring continuing education; and
- v. Training management and leadership;

9. Evaluate the effectiveness, accessibility, and quality of personal and population-based health services as set forth at N.J.A.C. 8:52-16. This service includes:

- i. Evaluating the effectiveness, accessibility, and quality of personal and population-based health services;
- ii. Developing objectives and measurements and collecting and analyzing data and information which are used to compare performance with agreed upon standards;
- iii. Determining the success or failure of a program or activity; and
- iv. Recommending for improvement, expansion or termination a program or activity; and

10. Research for innovative solutions to health problems as set forth at N.J.A.C. 8:52-15. This service includes:

- i. The continuous linkage between the practice of public health and academic and research institutions;
- ii. The capacity to perform timely epidemiological and economic analyses;
- iii. The ability to conduct health services and health practice research; and
- iv. The appropriate utilization of research findings.

(b) Competencies for delivering the above referenced “10 essential public health services” shall be those set forth in “The Public Health Workforce: An Agenda for the 21st Century” and the “Core Competencies for Public Health Professionals,” incorporated herein by reference, as amended and supplemented. See N.J.A.C. 8:52-1.8(a)3 and 4.

8:52-3.3 Local health agency’s minimum capacity

(a) Each local health agency shall, at a minimum, have the capacity to deliver:

1. Basic public health services set forth in “Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq., Programmatic Guidelines for Best Practices,” which is attached here as Appendix incorporated herein by reference. Upon completion of the community health assessment and the Community Health

Improvement Plan set forth at N.J.A.C. 8:52-10 and 11, services provided shall reflect the priorities identified;

2. Administrative services consistent with N.J.A.C. 8:52-5;

3. Environmental health services that integrate Registered Environmental Health Specialist practice as set forth in the State Sanitary Code (N.J.A.C. 8:21, 8:22, 8:23, 8:23A, 8:24, 8:25, 8:26, 8:27, 8:51, 10:122, 5:17 and 7:9A, and N.J.S.A. 24:14A-1 et seq., 26:3-69.1 and 58:11-33);

4. Health education and health promotion services consistent with N.J.A.C. 8:52-6;

i. This service shall be developed by February 18, 2004;

5. Preventive health services, that integrate public health nursing practice and health education and/or health promotion programs, and shall be consistent with N.J.A.C. 8:52-13;

i. This service shall be developed by February 18, 2006;

6. Public health nursing services consistent with N.J.A.C. 8:52-7;

i. This service shall be developed by February 18, 2004;

7. All other public health services required by the State Sanitary Code (N.J.A.C. 8:21, 8:22, 8:23, 8:23A, 8:24, 8:25, 8:26, 8:27, 8:51, 8:57-1 through 4, 10:122, 5:17 and 7:9A, and N.J.S.A. 24:14A-1 et seq., 26:3-69.1 and 58:11-23); unless the population or entity requiring the services does not exist within the local health agency’s jurisdiction or the services are otherwise assured through formal written linkages with another local health agency;

8. Emergency response services consistent with N.J.A.C. 8:52-12;

9. Enforcement services consistent with N.J.A.C. 8:52-14; and

10. Specialized services consistent with N.J.A.C. 8:52-3.4.

i. This service shall be developed by February 18, 2005.

8:52-3.4 Specialized regional expertise and capacity

(a) Each local health agency, by February 18, 2005, shall have access to the following regional expertise and capacities to meet standards of performance:

1. Administrative leadership and planning and coordination to implement all “10 essential public health services” set forth at N.J.A.C. 8:52-3.3(a)1 through 10;

2. Public health community planning and coordination of population-based preventive health services;

3. Coordinated public health nursing services and the administration thereof;

4. Coordinated public health education and health promotion services and the administration thereof;

5. Epidemiological investigations and data analysis;

6. Public health laboratory analyses;

7. Coordinated information technology management;

8. Training and staff development;

9. Coordinated environmental health services;

10. Collection, analysis, and dissemination of health data and information;

11. Application skills for health-related grants;

12. Development of medical policy;

13. Coordinated prevention and control of communicable disease;

14. The conduct of public health and health services research and evaluation studies;

15. Development of public health applications that use the geographical index system (GIS);

16. A technical library consisting of current public health information; and

17. Public health emergency preparedness planning.

(b) Each local health agency providing specialized regional expertise and capacity pursuant to the provisions set forth at N.J.A.C. 8:52-3.4 shall provide the services of the following professional staff:

1. Epidemiologist(s);

2. Information technologist(s)/computer specialist(s);

3. Public health planner(s);

4. Public health nursing director(s);

5. Director(s) of health education; and

6. Medical director(s) by August 18, 2003.

8:52-4.2 Public health staffing qualifications

(a) Each health officer shall be licensed by the Department pursuant to the provisions of Licensure of Persons for Public Health Positions, N.J.A.C. 8:7.

(b) Each public health nurse shall have the following qualifications:

1. Hold a baccalaureate degree in nursing from an accredited college or university;

2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing;

3. Have a minimum of one year experience in public health or working with a preceptor or local resource person; and

4. Complete a course in population-based public health nursing within one year of employment.

(c) Each registered environmental health specialist shall be licensed by the Department in accordance with the provisions of N.J.A.C. 8:7.

(d) Each health educator shall have the following qualifications:

1. Hold a baccalaureate degree in a related field, including, but not limited to, health education, community health, nursing and/or public health from an accredited college or university;

2. Meet national credentialing standards of the profession as a Certified Health Education Specialist (CHES). Specifically exempted from this requirement is any individual who holds this position prior to February 18, 2003; and

3. Have a minimum of two years of relevant experience in health education.

SUBCHAPTER 4. PUBLIC HEALTH STAFFING

8:52-4.1 Public health staffing requirements

(a) Each local health agency shall employ a full-time health officer who holds an active license and employ or contract for the services of the following professional staff:

1. Public health nurse(s) as defined at N.J.A.C. 8:52-2;

2. Registered environmental health specialist(s) who holds an active license; and,

3. Health educator(s) as defined at N.J.A.C. 8:52-2.

(e) Each epidemiologist shall have the following qualifications:

1. Hold either a Master of Science degree from an accredited college or university or a Master of Public Health from an accredited college or university in epidemiology or biostatistics; and

2. Have a minimum of two years experience working as an epidemiologist in a health-related field.

(f) Each information technologist/computer specialist shall have the following qualifications:

1. Hold a baccalaureate degree from an accredited college or university; and

2. Have a minimum of three years experience in computer programming, information systems design, and systems analysis. The experience shall have included responsibility for the development and implementation of a moderate sized server-based area network of about 20 end users.

(g) Each public health planner shall have the following qualifications:

1. Hold a masters degree from an accredited college or university in public health, business administration, or public administration; and

2. Have a minimum of two years of professional experience in health planning.

(h) Each public health nursing director shall have the following qualifications:

1. Hold a masters degree from an accredited college or university in public health, or a masters degree in nursing from an accredited school of nursing;

2. Hold a current license to practice as a registered professional nurse and who is certified by the New Jersey State Board of Nursing; and

3. Have a minimum of five years of supervisory experience in public health.

(i) Each director of health education shall have the following qualification:

1. Hold a master or baccalaureate degree in a related field, including, but not limited to, health education, community health, nursing and/or public health from an accredited college or university;

2. Meet national credentialing standards as a Certified Health Education Specialist (CHES). Specifically exempted from the requirement is any individual who holds this position prior to February 18, 2003; and

3. Have a minimum of two years of relevant experience if master degree trained for five years of relevant experience if baccalaureate degree trained.

(j) Each public health medical director shall have the following qualifications:

1. Hold a Doctor of Medicine or Doctor of Osteopathy from an accredited medical school or school of osteopathy supplemented by at least the first year of post-graduate training (PGY-1);

2. Have a minimum of two years of comprehensive medical experience in private or public health practice or be Board-eligible for one of the certifying boards approved by the American Board of Medical Specialties or one of the certifying boards of the American Osteopathic Association. A Master of Public Health from an accredited school or program in public health may be substituted for one year of experience; and

3. Be licensed by the New Jersey Board of Medical Examiners.

(k) Each field representative health education shall hold a baccalaureate degree from an accredited college or university in health education, community health, or a related field.

(l) Each graduate nurse, public health shall have the following qualifications:

1. Hold an associate degree in nursing from an accredited college or hold a diploma in nursing;

2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing;

3. Have a minimum of one year experience in public health or working with a preceptor or local resource person; and

4. Have successfully completed a course in population-based public health nursing within one year of employment.

(m) Each public health nursing supervisor shall have the following qualifications:

1. Hold a baccalaureate degree in nursing from an accredited college or university;

2. Hold a current license to practice as a registered professional nurse by the New Jersey State Board of Nursing; and

3. Have a minimum of three years of experience as a public health nurse.

SUBCHAPTER 5. ADMINISTRATIVE SERVICES

8:52-5.1 Scope and purpose

This subchapter addresses all of the administrative and organizational management services which are necessary to effectively lead a modern local health agency. The functions of management and leadership include, but are not limited to, planning, organization, public health staffing, coordination and response, budgeting, and evaluation and reporting.

8:52-5.2 Management and leadership

(a) Planning is one of the fundamental responsibilities of a licensed health officer who functions as the chief executive officer of a local health agency. Planning relies on the ability to collect and analyze information, to communicate with supervisors, peers and subordinates and to make decisions and take action. The "Assessment Protocol for Excellence in Public Health" (see N.J.A.C. 8:52-1.8(a)5) is a management tool developed to assist the public health manager in evaluating his or her own agency's strengths and weaknesses. Using this information, the manager is equipped to accurately portray the capabilities his or her agency brings to a countywide public health system and to take actions that will improve the agency's performance.

1. Each health officer shall actively participate in and be responsible for the joint development of a countywide or multi-countywide Community Health Profile, Community Health Assessment and Community Health Improvement.

2. Each health officer shall notify the Office of Local Health of the name, title, telephone number, and e-mail address of his or her designees.

3. Each health officer shall be responsible for the completion of an evaluation of the capacity of his or her local health agency in accordance with the process set forth in "Assessment Protocol for Excellence in Public Health." The evaluation shall be used to identify the capacity of the local health agency to deliver the services set forth in this chapter and to provide the information necessary to develop the Community Health Improvement Plan. An evaluation shall be conducted at least once every three years.

4. Each health officer shall be responsible for the development of goals and objectives for each program conducted by the local health agency and the development of a continuous quality improvement process to ensure progress in achieving the local health agency's goals.

i. Each goal and objective shall include a timeline and be realistic, measurable, and consistent with current public health practice and/or Department program policies and guidelines.

ii. Each goal and objective shall be consistent with priority public health problems identified through the countywide Community Health Improvement Plan and any other Statewide public health priorities as determined by the Department.

iii. Each goal and objective shall be consistent with the "10 essential public health services," at N.J.A.C. 8:52-3.2(a)1 through 10.

5. Each health officer shall develop an internal monitoring plan that measures progress in achieving each of the local health agency's goals and objectives.

i. Monitoring shall be performed, at a minimum, on a semi-annual basis; and

ii. Monitoring data shall be used to document whether expected objectives are achieved to provide information regarding the implementation of objectives, and to modify activities to improve the achievement of objectives.

6. Each health officer shall develop an improvement plan to address performance deficiencies which are revealed during the Continuous Quality Improvement process.

(b) The ability to organize information and resources is also a fundamental responsibility of an administrative manager. The ability to assess staff competencies and to match those competencies with the appropriate tasks and activities is key to agency performance and goal attainment. A competent manager must be able to determine lines of authority within his or her agency and set forth business practices that are appropriate to the capabilities of the organization.

1. Each health officer shall ensure that the local health agency's resources are organized to promote the health outcomes identified through the countywide or multi-countywide Community Health Improvement Plan.

2. Each health officer shall ensure that competent leadership is assigned responsibility for each major activity and core responsibility.

3. Each health officer shall ensure that the local health agency prepares and has on file a current table of organization which depicts reporting relationships within the local health agency.

(c) The practice of public health, like the practice of medicine from which it derives, relies heavily upon licensure and certification to assure quality services and to protect the public against the services of untrained or incompetent individuals. The practice of medicine literally puts individual people's lives in the hands of the physician. The practice of public health puts the lives and quality of life of populations and communities in the hand of public health professionals. Therefore, it is important that these professionals are also trained and licensed in the disciplines of health science and public health. In addition, it is important for a manager to recruit, retain and develop his or her staff. The publications referenced below provide an organized approach to building staff competencies and developing staff.

1. Each health officer shall ensure that all professional public health staff who require licensure, certification, or authorization to perform their activities shall be currently

licensed, certified, or authorized under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate body.

2. Each health officer shall ensure that all public health staff receive adequate training for the activities they are expected to perform. Training shall be in accordance with the professional licensing requirements and/or state and/or national standards for each public health program. Each health officer shall determine that professional health staff have obtained continuing education in accordance with the provisions set forth at N.J.A.C. 8:52-8.

i. A plan for staff knowledge and competency development shall be developed and shall meet the standards described in "Assessment Protocol for Excellence in Public Health," incorporated herein by reference, as amended and supplemented. See N.J.A.C. 8:52-1.8(a)5.

ii. Staff competencies shall meet the standards described in "The Public Health Workforce: An Agenda for the 21st Century" and the "Core Competencies for Public Health Professionals." See N.J.A.C. 8:52-1.8(a)3 and 4.

3. Each health officer shall ensure that all professional public health staff who require licensure, certifications, or authorization to perform their activities shall perform within the scope of their license, certificate, or authority as set forth under the appropriate laws or rules of the State of New Jersey or under the applicable standards of the appropriate body.

4. Each local board of health shall ensure that its local health agency and health officer meet all of the requirements of this chapter.

(d) Each health officer shall ensure appropriate coordination and response to public health problems that follow established scientific guidelines within his or her area of jurisdiction as directed and/or coordinated by the Department.

(e) Each health officer shall have access to a financial officer for assistance in managing and overseeing all public health budgets. The financial officer shall assist in ensuring the fiscal integrity of public health finances and that such procedures are in accordance with professionally accepted standards of accounting and auditing.

(f) The ability for a manager to evaluate his or her staff and agency performance is essential to assuring success in meeting the agency's mission and goals. Evaluation is also essential for assuring the prudent use of precious resources and for maximizing cost benefits. Reporting the results of evaluation processes and other important information is a key communication responsibility. Communication is a critical ingredient for success and public health administrative manager must have the skills to communicate effectively to superiors, subordinates, professional peers and the public.

1. Each health officer shall report local board of health performance data as required in the Local Health Evaluation Report.

2. The Local Health Evaluation Report shall be completed annually and in accordance with the format developed and promulgated by the Office of Local Health. It shall be filed with the Office of Local Health no later than February 15 of the year succeeding the year for which the performance is being reported.

3. The following information shall be reported and shall conform to the reporting schedule set forth herein and shall include:

i. Registration of the local board of health pursuant to N.J.A.C. 8:52-1.5;

ii. Information and data regarding a local health agency's capacity as set forth at N.J.A.C. 8:52-3.3 and 5.2(a), above;

iii. Information and data regarding specialized regional expertise and capacity as set forth at N.J.A.C. 8:52-3.4;

iv. Information regarding workforce assessment as set forth at N.J.A.C. 8:52-8.2(a);

v. Training of each local board of health member as set forth at N.J.A.C. 8:52-8.2(b);

vi. Evaluation of each community's public health partnerships effectiveness as set forth at N.J.A.C. 8:52-9.2(d);

vii. County Health Status Indicators Report as set forth at N.J.A.C. 8:52-10.2(c) and (e);

viii. Community health planning information as set forth at N.J.A.C. 8:52-11;

ix. Epidemiological, economic, and health services research findings as set forth at N.J.A.C. 8:52-15.

4. Each local health agency shall report all diseases, threats, and emergencies in accordance with all applicable State and Federal laws as set forth at N.J.A.C. 8:52(f)3.

(g) Rapid advances in communication technologies are making it possible to be more knowledgeable and current in the practice of public health. The practice of public health relies on scientific capabilities to study, investigate and understand the determinants of health. Based upon organized scientific collection and analysis of data and information, preventive strategies are developed and communicated to the populations at risk. Modern public health practitioners must be able to use electronic tools and become integrated in an evolving state health information network that will allow them access to real time information upon which to take appropriate actions.

1. Each local health agency shall be part of a Statewide public health information and communication system. This shall include maintaining a link via the Internet with the New Jersey Local Information Network and Communications System (LINCS).

2. Each local health agency shall participate in information sharing and data interchange with the Department.

3. Each local health agency shall use LINCS to:

i. Report all disease and threats to the public health to the Department in accordance with applicable State and Federal laws, rules, and regulations. Electronic reporting shall be contingent upon the development of electronic reporting systems;

ii. Immediately report to the Department all emergencies that threaten the health or safety of the citizens in its jurisdiction; and

iii. Monitor LINCS e-mail twice per day, at the beginning and at the end of the workday.

(h) Each local health agency shall have access to an attorney licensed to practice in New Jersey for assistance in interpreting, developing, and/or guiding the enforcement of public health laws, rules, regulations, and ordinances.

(j) Records which are required by this chapter shall be maintained in accordance with State record retention standards as promulgated by the New Jersey Department of Education, Bureau of Archives and History, at N.J.A.C. 15:3-3.8.

8:52-5.3 Community public health activities

(a) Each local board of health shall ensure that there is a mechanism that provides leadership to develop partnerships with community organizations and/or agencies which have a demonstrable affect on, or compelling interest in, the health status of the population in accordance with N.J.A.C. 8:52-9.2.

(b) Each health officer shall conduct an annual public meeting to report the status of the community's health and how it compares with corresponding objectives set forth in "Healthy New Jersey 2010," or its Federal equivalent, and with objectives from the Community Health Improvement Plan. The meeting shall also include a discussion of the local health agency's progress and performance in accomplishing its mission and achieving its objectives.

8:52-5.4 Public health system assurance

(a) Each health officer shall actively participate in countywide or multi-countywide meetings to assess the health status of the population, to develop a Community Health Improvement Plan and to determine his or her local health agency's roles and responsibilities within the Plan in accordance with N.J.A.C. 8:52-9, 10 and 11.

(b) Each local board of health shall ensure representation in the planning process to develop the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-9.2.

(c) Each local board of health shall ensure the development of local policies and programs that are consistent with the Community Health Improvement Plan as set forth at N.J.A.C. 8:52-11.2.

SUBCHAPTER 6. HEALTH EDUCATION AND HEALTH PROMOTION

8:52-6.1 Scope and purpose

This subchapter addresses the strategies that promote health and quality of life. This service includes any combination of health education and related activities which are designed to facilitate behavioral and environmental adaptations to protect or improve health. This process enables individuals and communities to control and improve their health status. This service also provides opportunities for individuals to identify problems, develop solutions, and work in partnerships which build on existing skills and strengths.

8:52-6.2 Health education and health promotion services

(a) Each local health agency shall provide a comprehensive health education and health promotion program which is developed and overseen by a health educator and provides integrated support to the daily operation of the local health agency.

(b) Each local health agency shall implement and evaluate culturally and linguistically appropriate population-based health education and health promotion activities that are developed in accordance with the Community Health Improvement Plan.

(c) Each local health agency shall ensure that health education and health promotion services provide the core public health functions and the delivery of the "10 essential health services" at N.J.A.C. 8:52-3.2(a)1 through 10 that shall include, but not be limited to:

1. Assessment and analysis of individual and community needs and assets;

2. Planning of theory-based health education programs which includes the development of appropriate measurable objectives;

3. Implementation of population-based health education programs which match various educational strategies and methods to the identified issues. Strategies may include, but are not limited to, direct programming, train-the-trainer programs, community organization methods, media campaigns, and advocacy initiatives;

4. Provision of process, impact, and outcome evaluation of health education programs in order to measure achievement and success;

5. Management of health education programs, personnel, and budgets;

6. Development of in-service training programs for staff, volunteers, and other interested parties;

7. Recruitment and training of volunteers to build and support community coalitions and partnerships;

8. Identification of and facilitation among agencies and community resources to reduce duplication and enhance services;

9. Provision of client referral and assistance to health and social service resources;

10. Development of risk communication plans to manage community concern and convey appropriate and accurate information;

11. Advise and/or serve as a spokesperson and liaison to the media;

12. Provision of public health advocacy for policies and funding that support social justice principles and which will improve the health status of communities;

13. Provision of grant writing to support local health agency objectives, the Community Health Improvement Plan, and health education programs;

14. Development of audio, visual, and print materials which support program initiatives; and

15. Use of quantitative and qualitative research techniques to advance the quality of public health practice.

(d) Each local health agency shall plan and develop health education programs and interventions regarding the uninsured, underinsured, immigrant, indigent, and other vulnerable populations within its jurisdiction.

(e) Each local health agency shall inventory health promotion and health education services delivered by all agencies in their jurisdiction. This inventory shall compare the existing services with those outlined in the Community Health Improvement Plan in order to identify gaps, reduce duplication, and to identify opportunities for collaborative partnerships.

professional nursing practice through a systematic process which promotes and protects the public health.

8:52.7.2 Public health nursing services

(a) Each local health agency shall provide comprehensive public health nursing services that provide integrated support to the daily operation of the local health agency.

(b) Each local health agency shall ensure that public health nursing practice provides the core public health functions and the delivery of the “10 essential public health services” as set forth at N.J.A.C. 8:52-3.2(a)1 through 10. These services shall be developed and overseen by a public health nurse and shall include, but not be limited to:

1. Assessing and identifying populations at risk;

2. Providing outreach and case finding using population-based services;

3. Using systematic, relevant data collection from public health nursing practice for community health assessment;

4. Using case information and epidemiological methods to link epidemiology and a clinical understanding of health and illness;

5. Developing and implementing health guidance, counseling, and educational plans using the established nursing process;

6. Providing health plans to assure health promotion efforts that include primary clinical prevention and early intervention strategies;

7. Using the nursing process and triage to determine priorities for interventions and services based on risk assessment and community needs especially for underserved populations;

8. Advocating policies and funding that create clinical programs and improve health status;

9. Establishing procedures and processes which ensure competent implementation of prevention measures and treatment schedules;

10. Providing clinical preventive services, including clinical screenings and preventive care;

11. Facilitating access to care through the use of nursing assessment, referral for risk reduction, prevention, restorative, and rehabilitative services, and the establishing clinical programs and services;

12. Participating in all components of communicable disease prevention and control, including clinical surveillance, case identification, and treatment;

SUBCHAPTER 7. PUBLIC HEALTH NURSING

8:52-7.1 Scope and purpose

This subchapter addresses the synthesis of nursing practice and public health practice for the purpose of protecting and promoting physical and mental health and preventing disease, injury, and disability. Public health nursing practice incorporates the core public health functions of assessment, assurance, and policy development within the art and science of

13. Planning, developing, and initiating interdisciplinary nursing plans for care and case management;

14. Establishing and maintaining written procedures and protocols for clinical care; and

15. Identifying, defining, coordinating, and evaluating enhanced clinical services for complex populations and special risk groups.

(c) Each local health agency shall ensure planning and developing public health nursing programs and interventions relate to the uninsured, underinsured, immigrant, indigent, and other vulnerable populations.

(d) Each local health agency shall ensure the coordination of public health nursing services which are delivered by all agencies in their county as described in the Community Health Improvement Plan so as to identify gaps, provide continuity of services, and reduce duplication.

SUBCHAPTER 8. ASSURE WORKFORCE COMPETENCIES

8:52-8.1 Scope and purpose

This subchapter addresses the assessment of 3existing and needed workforce competencies as set forth at N.J.A.C. 8P52-5.2(d) for each local health agency. These include standards for public health professionals, job performance evaluation, continuing education, and management and leadership training.

8:52-8.2 Workforce assessment

(a) Each health officer shall ensure the performance of a workforce assessment at the local health agency at least once each year. The workforce assessment shall:

1. Identify gaps in workforce expertise;
2. Identify duplication of workforce competencies; and
3. Ensure that the necessary workforce competencies exist in order to be able to deliver the services set forth at N.J.A.C. 8:52-3.3 and 3.4 and to achieve the objectives outlined in the Community Health Improvement Plan.

(b) Each local board of health shall report the status of training of each local board of health member in their jurisdiction to the Office of Local Health. This report shall be made annually.

8:52-8.3 Workforce standards

(a) Each health officer shall ensure that:

1. Each position in the local health agency has a written job description which include tasks, reporting relationships, and performance standards;

2. Each job description shall be reviewed annually; and

3. Job performance evaluations are conducted annually.

(b) Each local board of health shall ensure that public health staff, in addition to the requirements for licensure, certification, or authorization, possess or are actively pursuing training for the skills necessary to provide each of the “10 essential public health services” as set forth at N.J.A.C. 8:52-3.2(a)1 through 10.

8:52-8.4 Workforce continuing education

(a) Each health officer shall provide a coordinated program of continuing education for staff which includes attendance at seminars, workshops, conferences, in-service training, and/or formal courses to improve employee skills and knowledge in accordance with their professional needs.

(b) Each public health professional specified at N.J.A.C. 8:52-4.1 shall meet continuing education requirements as follows:

1. Each director of public health nursing and public health nursing supervisor shall complete 15 continuing education contact hours of public health-related instruction annually. Eight of the continuing education contact hours shall be comprised of workforce leadership courses. The courses of instruction shall be approved by the Office of Local health or its authorized representative. The eight continuing education contact hours in workforce leadership shall include topics and subjects that include, but are not limited to:

- i. Strategic thinking and planning;
- ii. Policy development, implementation, and evaluation;
- iii. Advocacy;
- iv. Interpretation of epidemiological data and health statistics analysis;
- v. Community needs assessment and risk assessment;
- vi. Outcome evaluation and quality assurance;
- vii. Collaboration, coalition building, and community organization;
- viii. Multidisciplinary negotiation;
- ix. Legal matters and issues; and
- x. Nursing research.

2. Each public health nurse shall complete 15 continuing education contact hours of public health related

instruction annually. The programs shall be approved by the New Jersey State Nurses Association or its authorized representative or by the New Jersey Association of Public Health Nurse Administrator, Inc.

3. Each director of health education and each health educator shall complete continuing education in accordance with the requirements of the National Commission for Health Education Credentialing, Inc, that is, CHES certification. Eight of the continuing education contact hours annually shall be comprised of workforce leadership courses and shall include topics and subjects that include, but are not limited to:

- i. Strategic thinking and planning;
- ii. Policy development, implementation, and evaluation;
- iii. Advocacy;
- iv. Interpretation of epidemiological data and health statistics analysis;
- v. Community needs assessment and risk assessment;
- vi. Outcome evaluation and quality assurance;
- vii. Collaboration, coalition building, and community organization;
- viii. Multidisciplinary negotiation;
- ix. Legal matters and issues; and
- x. Nursing research.

4. Each field representative, health education shall complete a minimum of nine continuing education contact hours annually in courses which are approved by the National Commission for Health Education Credentialing, Inc., New Jersey Society for Public Health Education, or the Office of Local Health.

5. Each health officer and each registered environmental health specialist shall obtain continuing education contact hours in accordance with N.J.A.C. 8:7. Each health officer shall also obtain leadership continuing education contact hours in accordance with N.J.A.C. 8:7.

(c) Each member of a local board of health may participate in a leadership orientation and participate in on-going training courses.

(d) Each health officer shall ensure that all employees are provided the opportunity to participate in distance learning as one method of obtaining continuing education.

(e) Each health officer shall ensure supervisory and managerial competency through leadership and staff development.

8:52-8.5 Workforce diversity training

Each health officer shall ensure that all employees participate in cultural diversity training.

SUBCHAPTER 9. COMMUNITY PUBLIC HEALTH PARTNERSHIP

8:52-9.1 Scope and purpose

This subchapter addresses how entities that impact the public health and have access to populations and/or resources in performing defined prevention, screening, rehabilitation, or support activities will convene, build coalitions, and identify and organize community resources to support the goals and activities of the local public health system.

8:52-9.2 Development and participation in community public health partnerships

(a) Each countywide or multi-countywide area shall establish a community public health partnership representing key corporate, private and non-profit entities. Each partnership shall perform a countywide or multi-countywide community health assessment in accordance with N.J.A.C. 8:52-10 and develop a Community Health Improvement Plan in accordance with N.J.A.C. 8:52-11. Each community public health partnership shall foster relationships that impact the community's health consistent with the needs identified in the Community Health Improvement Plan. Existing community public health partnerships shall be permitted to satisfy these requirements if they comply with the assessment methodologies set forth at N.J.A.C. 8:52-10.2

(b) Each local health agency shall:

1. Actively participate in a new or existing community health partnership; and

2. Assure that the community health partnership assesses public health needs and delivers public health services in their jurisdiction.

(c) Each local health agency shall assure that the partnership:

1. Participates in the community health assessment and the Community Health Improvement Plan pursuant to N.J.A.C. 8:52-10 and 11;

2. Develops and maintains linkages among the member partners as described in (a) above.

3. Assumes a leadership role in addressing priority public health issues;

4. Leverages community resources;

5. Provides support programs for the underserved;

6. Provides preventive screening and rehabilitative services;

7. Continually reviews input and feedback from the entities that contribute to or benefit from improved community health status;

8. Holds regularly scheduled meetings;

9. Identifies the strategic issues of each local health agency and the means by which the issues can be addressed;

10. Coordinates applicable aspects and priorities with contiguous counties;

11. Develops and maintains relationships with other local health agencies to educate and inform local policy officials, key health providers, and the public of the content of the Community Health Improvement Plan; and

12. Develops a formal mechanism to evaluate the effectiveness of the partnership.

i. Pursuant to N.J.A.C. 8:52-3.1(c), local health agencies may submit this information in a joint report which encompasses a countywide or multi-countywide area.

8:52-9.3 Other community partnerships

Each local health agency shall meet regularly with representatives of health-related organizations within its jurisdiction in order to coordinate roles and responsibilities for health service delivery.

8:52-9.4 Developing service directories

Each local health agency shall assure that the community public health partnership develops, maintains, and promotes a directory of health service providers and resources that serves the countywide or multi-countywide area. The directory shall address the health priorities as identified in the Community Health Improvement Plan.

SUBCHAPTER 10. MONITOR HEALTH STATUS

8:52-10.1 Scope and purpose

This subchapter addresses the collection, compilation, interpretation, and communication of vital statistics and health status measures within one or more New Jersey counties; the identification of threats to health; the assessment of health service needs; and the analyses, communication, and publication of information on access, utilization, quality, and outcomes of personal health issues.

8:52-10.2 Community health assessment

(a) To minimize costs and for consistency with existing data, the minimum unit of analysis for New Jersey shall be the

county. This does not preclude any municipality from performing its own less formal assessment in addition to participating in the countywide or multi-countywide Community Health Assessment. This less formal assessment can be integrated into the countywide or multi-countywide assessment and/or used for other local public health programming purposes.

(b) A formal countywide or multi-countywide Community Health Assessment shall be performed and continually evaluated with a formal update every four years. Existing community health assessments meeting the criteria set forth in this section shall be valid until a new assessment is performed.

(c) Local health agencies shall submit a description of the Community Health Assessment process and the timeframe for its completion to the Office of Local Health for review and approval prior to initiating the assessment. This process description shall be submitted to the Office of Local Health by February 18, 2004 and every four years thereafter.

1. Local health agencies working in partnership may submit this information in a joint report for the entire countywide or multi-countywide area.

(d) The formal countywide or multi-countywide Community Health Assessment shall be conducted in accordance with standardized methodologies approved by the Office of Local Health. Such methodologies include "Mobilizing for Action through Planning and Partnerships" (MAPP). The Community Health Assessment shall include, but not be limited to, the following elements:

1. A copy of any existing community health assessments;

2. An evaluation of funding sources;

3. A review of public health community partnership organizations and agencies and their roles;

4. An identification of barriers to transportation, language culture, and service delivery within the countywide or multi-countywide area that affect access to health services, especially for low income and minority populations;

5. A Community Health Profile which includes measures of health status indicators and socio-demographic characteristics as specified by the Office of Local Health;

6. Current information on the health resources of and the services provided by each entity located within easy access of its population;

7. An assessment of the use of the health resources described in 6, above;

8. Current information on risk factors affecting the population served; and

9. An analysis of health status indicators for the population served in comparison with overall State and

national rates for indicators set forth in “Healthy New Jersey 2010.”

(e) The results of the countywide or multi-countywide Community Health Assessment shall be published in a “County Health Status Indicators Report.” The results shall be presented in a manner that is sensitive and appropriate to individual, family, and community needs, language, and culture. The Report shall contain:

1. Measures of the health status indicators;
2. A description of the process used to complete the Community Health Assessment;
3. The standards with which the health status indicators are compared;
4. An inventory of public health capacities; and
5. An analysis of gaps in public health service.

8:52-10.3 Data collection and management

(a) Each local health agency shall develop, operate, and ensure a quality data management system. This system shall be capable of collecting, analyzing, and monitoring baseline data standardized to a format developed by the Department in accordance with the requirements set forth at N.J.A.C. 8:52-5.2 (f) and (g).

(b) Each local health agency shall ensure electronic linkage with local and Statewide databases, as they become available. These databases include, but are not limited to: NJ LINCS, New Jersey Immunization Information System (NJIS), Communicable Diseases Reporting System, Electronic Birth Registry, Vital Statistics, and other registries which track the distribution of diseases, injuries, and health conditions.

(c) Each local health agency shall ensure safeguards for the confidentiality of all data and information that contains personal identifiers or any other information which could be used to identify an individual with reasonable accuracy, either directly or by reference to other readily available information.

SUBCHAPTER 11. POLICY DEVELOPMENT

8:52-11.1 Scope and purpose

This subchapter addresses the systematic countywide or multi-countywide and State level planning process for health improvement. It sets forth the development and tracking of measurable health objectives as a part of continuous quality improvement strategy, the development of consistent policy regarding prevention and treatment services, and the development of model codes to guide the practice of public health.

8:52-11.2 Countywide or multi-countywide community health planning

(a) To minimize costs and for consistency with existing data, the minimum unit of planning for New Jersey shall be the county.

(b) Each local board of health shall assure that public health policies promote and support the population’s health and safety goals identified in the health improvement strategies that were developed through the countywide or multi-countywide Community Health Improvement Plan and incorporate by reference prior planning information obtained through other processes.

(c) Each Community Health Improvement Plan shall consist of:

1. A countywide or multi-countywide Community Health Assessment as described at N.J.A.C. 8:52-10.2;
2. A Community Health Profile as described at N.J.A.C. 8:52-10.2(d)5;
3. A mechanism which monitors external environment for forces and trends that might impact the ability of a local public health system to protect the health of the public;
4. An analysis and a prioritization of current and potential health problems based upon planning methodologies such as those described at N.J.A.C. 8:52-10.2(d);
5. A plan which specifies the roles and responsibilities agreed upon by each local health agency and each public, private, non-profit, and voluntary agency;
6. Specific strategies to address health problems and to sustain effective interventions;
7. A plan to evaluate the intervention strategies and health outcomes; and
8. A method that allows for changes to the plan.

(d) The objectives of the Community Health Improvement Plan shall be:

1. To link State and local services;
2. To mobilize and coordinate a variety of health and social service providers;
3. To improve each local public health system’s capacity to respond to public health needs; and
4. To include all providers of public health services, that is, local health agencies, schools, Medicaid managed care providers, environmental health agencies community-based groups, business and industry and nursing agencies.

(e) Each local health agency within the countywide or multi-countywide area shall be responsible for implementation of the Community Health Improvement Plan in their jurisdiction by February 18, 2007.

(f) Each local board of health shall ensure that there is a mechanism to guide the development of the Community Health Improvement Plan which includes, but is not limited to:

1. Ensuring expertise to implement the planning process;
2. Ensuring coordination and consistency with State policy initiatives;
3. Ensuring that local health agency resources are continuously aligned with their defined roles and responsibilities in the Community Health Improvement Plan; and
4. Reporting the content of the Community Health Improvement Plan to the Office of Local Health. Local health agencies working in partnership may submit this information in a joint report for the entire countywide or multi-countywide area.

(g) Each Community Health Improvement Plan shall be used to guide the development of needed public health programs and services. CHIP shall foster coordination with existing programs and services, and reduce or eliminate programs and services which are not needed or have been found to be ineffective.

(h) Each local board of health that demonstrates a local need for public health services, as defined in "Healthy People 2010," that is not addressed by the Community Health Improvement Plan shall address that need.

SUBCHAPTER 12. DIAGNOSIS AND INVESTIGATION OF HEALTH PROBLEMS AND HAZARDS

8:52-12.1 Scope and purpose

This subchapter addresses the epidemiological identification of emerging health threats; public health laboratory capability to support prevention efforts; active infectious disease prevention and control efforts; and technical capacity for epidemiological investigation of disease outbreaks and patterns of chronic disease and injury.

8:52-12.2 Emergency response capability

(a) Each local health agency shall ensure its capacity to immediately respond to a public health emergency in accordance with applicable State and Federal requirements. Each local health agency shall also:

1. Maintain a mechanism which allows for emergency communication 24 hours per day, seven days per week, including weekends and holidays;

2. Develop a preparedness plan with the local public health system to address public health emergencies. The plan shall be consistent with and be integrated with the Health Alert Network; and

3. Orient and train their staff (through exercises) to their roles and responsibilities under the plan at least annually.

(b) Each local health agency shall work with their municipal and county Office of Emergency Management to ensure the coordination and integration of public health and emergency management planning and response activities.

8:52-12.3 Surveillance

(a) Each local health agency shall collect data and information pursuant to N.J.A.C. 8:52-5.2(e).

(b) Each local health agency shall ensure that valid and reliable surveillance systems are in place to monitor the occurrence of diseases and indicators of health. The indicators shall be in accordance with "Healthy New Jersey 2010," the health objectives developed through the Community Health Improvement Plan, and for health conditions determined to be priorities by the Department.

(c) Each local health agency shall investigate the cause of illnesses or health threatening conditions and shall implement control measures to prevent the spread of disease or to address the known risk factors in the population served.

(d) Each local health agency shall ensure that there is a mechanism to receive reports and to respond to immediately reportable communicable diseases and conditions in accordance with N.J.A.C. 8:57-1.3. This mechanism shall be capable of operating 24 hours per day, seven days per week, including weekends and holidays.

8:52-12.4 Technical capacities

(a) Each local health agency shall ensure access to public health laboratory analyses in order to support disease control and environmental health activities within its jurisdiction.

1. Designated laboratories shall meet all State and Federal requirements for technical competency and safety in accordance with the Federal Clinical Laboratory Improvement Amendment of 1988, Final Rule at 42 C.F.R. 493, and Clinical Laboratory Services, N.J.A.C. 8:44 and 8:45.

2. Designated laboratories shall be licensed by the Department pursuant to the provisions of P.L. 1975, c.166, N.J.S.A. 45:9-42.26 et seq. and regularly participate in quality assurance programs offered through the Department.

(b) Each local health agency shall ensure access to epidemiological services that support countywide and multi-countywide assessment, planning, surveillance, and prevention activities in accordance with the provisions set forth at N.J.A.C. 8:52-3.4.

SUBCHAPTER 13. PREVENTIVE PERSONAL HEALTH SERVICES AND ACCESS TO HEALTH CARE

8:52-13.1 Scope and purpose

This subchapter address the accessibility of the personal health care system to socially disadvantaged individuals. Culturally and linguistically appropriate materials and staff shall be accessible to assure linkage to services for special populations. This subchapter also addresses continuous care management, transportation services, and technical assistance and health information for high risk groups as well as occupational health programs.

8:52-13.2 Assure personal and clinical preventive health care

(a) Each local health agency, through the Community Health Improvement Plan, shall:

1. Assess the barriers to personal health care and public health services within its jurisdiction;
2. Define a minimum set of clinical preventive health services, including disease prevention and health promotion, which shall be directed to specific populations. These services shall include, but not be limited to:
 - i. Health care and epidemiological follow-up for individuals infected with the human immunodeficiency virus or suffering from acquired immune deficiency syndrome;
 - ii. Health care and epidemiological follow-up for individuals having sexually transmitted disease;
 - iii. Health care and epidemiological follow-up for individuals having tuberculosis; and
 - iv. Adult and childhood immunizations;
3. Develop a plan that provides primary health care services to populations that do not have access to the health care system;
4. Participate in the development of a plan for the early detection of chronic and life threatening diseases in the most vulnerable populations;
5. Assist the local public health system in facilitating access and entry for populations having barriers to personal health care; and

6. Assist the local public health system in assuring personal health care services and clinical preventive health services that are culturally and linguistically appropriate.

8:52-13.3 Community outreach for public health services

(a) Each local health agency shall engage in community outreach activities that:

1. Assure the maximum participation of eligible residents in State-and Federally-funded health care programs, including, but not limited to, New Jersey FamilyCare and Medicaid;
2. Assure culturally and linguistically appropriate resources and health informational materials for specific populations as specified in this chapter;
3. Assure technical assistance to employers who conduct health promotion, disease prevention, or injury prevention programs;
4. Assure that there is an active referral system between the mental and/or behavioral health delivery system and the personal health care delivery system; and
5. Assure that social services are coordinated with health care services.

8:52-13.4 Information systems for personal health and related services

Each local health agency shall assist the local public health system and the State in developing capacities for information systems that share client information with managed care organizations, hospitals, and other health care providers.

SUBCHAPTER 14. ENFORCEMENT OF PUBLIC HEALTH LAWS

8:52-14.1 Scope and purpose

This subchapter address the enforcement of the State Sanitary Code (N.J.A.C. 8:21, 8:22, 8:23, 8:23A, 8:24, 8:25, 8:26, 8:27, 8:51, 8:57-1 through 4, 10:122, 5:17 and 7:9A, and N.J.S.A. 24:14A-1 et seq., 26:3-69:1 and 58:11-23); the protection of food and potable water supplies; environmental health activities related to air, water, noise, and public health nuisances and health hazards, preventable injuries, and exposure-related diseases in both the workplace and community settings.

8:52-14.2 Public health laws and rules

(a) Each local board of health shall ensure the enforcement of the provisions of the State Sanitary Code.

(b) Each local board of health and each local health agency shall maintain and be knowledgeable regarding current public health laws, regulations, codes, and ordinances and shall ensure enforcement thereof.

(c) Each local health agency shall employ licensed personnel consistent with the provisions set forth at N.J.S.A. 26:3-19 to enforce State and local public health laws; regulations, codes, and ordinances and shall:

1. Maintain written procedures for enforcement actions;
2. Collect evidence of non-compliance; and
3. Maintain documentation of all legal proceedings.

(d) Each local board of health shall consult with the health officer during the development of any new public health ordinances or amendments to any existing public health ordinances. The health officer or his or her designee shall attend all public hearings held which proposes new or amended ordinances that affect the practice of public health within his or her jurisdiction.

(e) Each local health agency shall ensure training for all professional staff assigned public health regulatory enforcement responsibilities. This training shall include, but not be limited to:

1. The purpose of public health law;
2. Activities and techniques for evaluating compliance with the law;
3. Activities and techniques for gathering evidence of violations of public health laws;
4. Documenting violations; and
5. Proper methods of testifying at a trial or hearing.

SUBCHAPTER 15. HEALTH RELATED RESEARCH

8:52-15.1 Scope and purpose

This subchapter addresses the continuous linkage between the practice of public health with academic and research institutions; the capacity to perform timely epidemiological and economic analysis; the ability to conduct public health and health practice research; and the appropriate use of research findings.

8:52-15.2 Capacity to initiate timely epidemiological, economic, and health services research

(a) Each local health agency shall assure its capacity to conduct:

1. Studies of epidemiological data of identified health problems;
2. Analyses of the economic components of public health issues;
3. Analyses of health services management; and
4. Analyses of the effectiveness of public health practices, programs, and services.

(b) Each local health agency shall report epidemiological, economic, and health services findings to the Office of Local Health whenever such findings are available.

(c) Each local health agency shall make all data and information available to public health researchers only in accordance with Institutional Review Board requirements as set forth at 45 C.F.R. Part 46 and/or 21 C.F.R. 50 and 56.

(d) Each local health agency shall ensure the safety and protection of public and personal health data and information through established procedures for access, retention, and destruction in accordance with applicable State and Federal laws, rules, and codes.

(e) In order to assure the capacity required at N.J.A.C. 8:52-15.2(a), each local health agency is encouraged to form partnerships and share services in accordance with the "Companion Document to Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq."

8:52-15.3 Operational implementation of research findings

(a) Each local health agency shall assist the local public health system in identifying new public health problems and in developing solutions for new and existing problems.

(b) Each local health agency, in coordination with the Office of Local Health, shall ensure the implementation, on a priority basis, of newly developed and innovative strategies, methodologies, programs, and projects which have been demonstrated to be effective in improving the public health.

(c) All research findings shall be implemented in accordance with the Community Health Improvement Plan.

8:52-15.4 Linkage with institutions of higher education

(a) Each local health agency is encouraged to provide the opportunity for joint appointments for its staff to institutions of higher education.

(b) Each local health agency is encouraged to provide field training or work-study experiences for students enrolled in institutions of higher education.

(c) Each local health agency is encouraged to partner with an institution of higher education to conduct health-related research

SUBCHAPTER 16. EVALUATION

8:52-16.1 Scope and purpose

This subchapter addresses the evaluation of the effectiveness, accessibility, and quality of population-based health services; the development of objectives and measurements and the collection and analysis of data and information which are used to compare performance with agreed upon standards; the determination of the success or failure of any program activity; and recommendations for the improvement or the termination of any activity or program.

8:52-16.2 Evaluation and performance

(a) The Office of Local Health shall develop a data collection method which shall benchmark adherence to standards of performance for local boards of health and local health agencies. This benchmark shall be consistent with the provisions set forth in this chapter and shall use a continuous quality improvement process to improve the performance of local boards of health and local health agencies.

(b) As part of the benchmarking process, the Office of Local Health shall develop a standard format for Local Health Evaluation Reports. This report is a tool which shall be used to evaluate and measure local boards of health and local health agencies adherence to standards of performance.

(c) The Local Health Evaluation Report shall be used by each local health agency to:

1. Evaluate annual performance;
2. Provide information and data to improve future performance;
3. Report performance and evaluation data and information to the local boards of health within its jurisdictions; and
4. Foster other purposes determined appropriate by the local health agency and/or the Office of Local Health.

(d) Each local health agency shall submit their Local Health Evaluation Report to the Office of Local Health as specified at N.J.A.C. 8:52-5.2(f).

APPENDIX

PROGRAMMATIC GUIDELINES FOR BEST PRACTICES

I. Environmental Health Activities

Recreational Bathing

(a) The local board of health shall:

1. Conduct a sanitation and safety program at public bathing places (that is, swimming pools, lakes, rivers and ocean bathing places), based upon the current "Recreational Bathing" regulations contained in the State Sanitary Code (see N.J.A.C. 8:26);

2. Inspect, using an inspection form designed by the Department of Health and Senior Services, each public bathing place at least twice during the operating season, make follow-up inspections when deficiencies are found, and take necessary enforcement actions;

3. Assure sanitary surveys of natural bathing areas as indicated by bacterial counts and/or epidemiological evidence;

4. Inspect public spas and/or whirlpools at least yearly in accordance with the provisions of the Recreational Bathing regulations (N.J.A.C. 8:26); and

5. Conduct investigations within 24 hours of all deaths and serious injuries and report such occurrences as outlined in the Recreational Bathing Regulations (N.J.A.C. 8:26) on a form developed by the Department of Health and Senior Services.

Campgrounds

(a) The local board of health shall:

1. Conduct a sanitation and safety program for campgrounds based upon State law and Chapter 11 of the State Sanitary Code (N.J.A.C. 8:22-1); and

2. Inspect each campground at least annually to insure compliance; conduct follow-up inspections and initiate enforcement action as necessary.

Youth camps

(a) The local board of health shall conduct a youth camp sanitation and safety program (N.J.A.C. 8:25) and shall:

1. Inspect each youth camp once prior to opening; and

2. Perform necessary follow-up inspections at the request of Consumer and Environmental Health Services; and

3. Submit copies of each inspection to Consumer and Environmental Health Services, Department of Health and Senior Services.

Food surveillance

(a) The local board of health shall maintain surveillance of retail food establishments, food and beverage vending machines and shall:

1. Conduct a retail food establishment program based upon State laws and regulations, including Chapter 12 of the State Sanitary Code and local ordinances, if applicable (N.J.A.C. 8:24);
2. Inspect retail food establishments using forms approved by the Department of Health and Senior Services at least once a year, inspect vending machines dispensing potentially hazardous foods at least once a year and those dispensing non-potentially hazardous foods on a complaint basis or as required by local ordinance;
3. Initiate appropriate enforcement action to secure compliance with State law and local ordinance; collect and prepare evidence for legal action; follow a protocol for taking appropriate enforcement actions to secure compliance (such as abatement letters, administrative hearings, summons, court actions and condemnations);
4. Maintain food establishment and vending machines files at the local health agency office containing inspection reports, food sample reports, and reports of enforcement actions taken and other pertinent data associated with the program;
5. Provide for, or conduct training courses for food service supervisors using curricula approved by the Department of Health and Senior Services such as the Food Manager's Certification Program;
6. Collect samples and provide for laboratory analyses of any food suspected of being associated with a foodborne illness or, as necessary, any food suspected of being adulterated, misbranded or unwholesome;
7. Embargo all food known or suspected of being adulterated, misbranded, unwholesome or associated with foodborne illness within the meaning of local ordinance or State law;
8. Assist the Department of Health and Senior Services upon request in conducting recalls and recall effectiveness checks of foods to be contaminated, adulterated or misbranded; and
9. Condemn and supervise the destruction or otherwise dispose of food which is adulterated, misbranded, unwholesome or associated with foodborne illness within the provisions of local ordinance or State law.

Occupational health (operative January 1, 1989)

(a) The local board of health shall conduct an occupational health program operative January 1, 1989; and shall:

1. Maintain a comprehensive profile of all employers in each designated four digit Standard Industrial Classification (SIC) operating in local jurisdiction. This profile should utilize Department of Labor and Right to Know data filed (see N.J.A.C. 8:59) and include for each employer;

Name of company, SIC Code

Address of company,

Number of employees,

Major product of service

Right to Know Data—DEP/DOH,

History of emergency calls,

History of complaints;

2. Maintain a list of all information and/or agency occupational health resources and make appropriate referrals in response to requests for information on complaints;

3. Train or obtain at least one staff person in Occupational Health and Industrial Hygiene through a continuing education program provided or made available by the Occupational Health Services of the Department of Health and Senior Services;

4. Conduct initial and follow-up interviews, utilizing standardized procedures and forms developed by the Department of Health and Senior Services, upon receipt of reports of occupational disease cases (N.J.A.C. 8:57-1.13); and

5. Conduct preliminary surveys in response to reported occupational diseases or referrals from the Department of Health and Senior Services, using standardized forms provided by the Department of Health and Senior Services to record observations and collect information. (These standardized forms shall be forwarded to the Department of Health and Senior Services' Occupational Health Services for follow-up).

Public health nuisances

(a) The local board of health shall conduct a public health nuisance program to include the following:

1. Investigations of public health nuisances including, but not limited to, noxious weeds, housing, solid waste and insect and rodents, which shall be conducted in accordance with applicable State laws and local ordinances, which are at least equivalent to the "Weed Control Code of

New Jersey,” the “Solid Waste Code of New Jersey,” and the “Public Health Nuisance Code of New Jersey” (which are model codes available from the Department of Health and Senior Services);

2. Conduct complaint investigations and surveys to identify nuisances, and through appropriate follow-up, ensure abatement in accordance with State law and local ordinances;

3. Maintain and make available educational information on the prevention and abatement of public health nuisances; and

4. Maintain current files on all public health nuisances which shall include the investigation, follow-up, abatement and enforcement action taken in each instance.

II. Communicable Disease Activities

Reportable diseases

(a) The local board of health shall conduct a program for the surveillance, investigation and control of reportable diseases and shall:

1. Document episodes of reportable diseases including occupational diseases and/or incidents and transmit the information to the State and other agencies as required by chapter 2, Reportable Diseases (N.J.A.C. 8:57-1) of the State Sanitary Code and N.J.S.A. 26:4;

2. Conduct prompt investigations of reportable illnesses as well as unusual manifestations of disease not listed as reportable in chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1) and institute appropriate control measures and promptly report all findings to the Department of Health and Senior Services;

3. Disseminate and exchange information relative to outbreaks of disease with physicians, hospitals, boards of education, and other responsible health agencies as appropriate; and

4. Analyze reported data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of infectious diseases.

Immunization

(a) The local board of health shall promote and provide immunizations for protection against childhood vaccine-preventable diseases and shall:

1. Promote and provide primary and booster immunizations to preschool and school age children for protection against diseases in accordance with current recommendations of the Department of Health and Senior Services;

2. Assist all schools, with an emphasis on preschool facilities, in implementing and enforcing the immunization requirements contained in chapter 14, of the State Sanitary Code (N.J.A.C. 8:57-4) by providing immunization services and conducting periodic surveys and representative record audits every three years;

3. Secure prompt reporting of vaccine-preventable disease as required by chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1.2); and

4. Utilize vaccine information statement forms and maintain related documentation for individuals receiving State-issued vaccines according to State Directives and in compliance with Federal law.

Rabies and zoonosis control

(a) The local board of health shall conduct a program for the control of rabies and other zoonoses and shall:

1. Require rabies vaccination of dogs to comply with current rabies statutory requirements and encourage the vaccination of cats, and provide for rabies vaccination clinics at least once a year;

2. Ensure that a report of an annual canvass of all dogs owned, kept, or harbored within the limits of the respective municipality is received by the local board of health by September 1 of each year;

3. Inspect kennels, pet shops, shelters and pounds, to ensure compliance with the State laws and regulations prescribed by the Department of Health and Senior Services, and ensure that licenses issued to these facilities are in compliance with existing laws;

4. Report and investigate animal bites, ensure that persons bitten are advised to see a physician, quarantine biting animals as indicated and report immediately to the Department of Health and Senior Services clinically suspicious cases of rabies in animals as determined by a veterinarian, ensure availability of impounding facility where biting animals may be appropriately quarantined and observed for rabies;

5. Ensure that heads of animals that have died within 10 days after biting a person are delivered immediately to the Department of Health and Senior Services' Public Health and Environmental Laboratories for examination (Unwanted dogs or cats or any other animal which has bitten a human may be sacrificed immediately and the head promptly delivered to the Public Health and Environmental Laboratories for examination);

6. Provide an organized program for control of stray dogs and other animals;

7. Inspect annually, or more often if necessary, records of dealers in psittacine birds as required by chapter 3 of the State Sanitary Code (N.J.A.C. 8:23); and

8. Initiate appropriate enforcement actions to secure compliance with the State rabies statutes, collect and prepare evidence for legal action.

Tuberculosis control

(a) The local board of health shall control the spread of tuberculosis and shall:

1. Ensure that all of the tuberculosis control services or services elements listed in the "Guidelines for Ambulatory or Outpatient Tuberculosis Control" (available at the New Jersey Department of Health and Senior Services) and available and accessible to all persons living within the jurisdiction of local agency;

2. Secure prompt reporting of tuberculosis and transmit reports as required by the State Sanitary Code (N.J.A.C.8:57-1.2) and encourage the reporting of suspects;

3. Ensure effective treatment and continuing medical supervision of suspect and diagnosed cases of tuberculosis;

4. Ensure that contracts are identified and brought to examination, diagnostic conclusion, and treatment in accordance with the policy of the Department of Health and Senior Services;

5. Ensure the provision of preventive therapy in accordance with current recommendations of the Department of Health and Senior Services;

6. Ensure reporting of the current status of diagnosed cases of tuberculosis in accordance with the policy of the Department of Health and Senior Services using forms provided by the State;

7. Provide for the discharge from tuberculosis supervision of patients whose treatment has been completed in accordance with current recommendations by the Department of Health and Senior Services;

8. Provide for testing using currently approved intradermal tuberculin tests, of pupils, teachers, employees, and volunteers in the non-public schools, and for follow-up of those in both the public and non-public schools as recommended in the current edition of "School Tuberculin Testing in New Jersey," published by the Department of Health and Senior Services.

9. Analyze data to provide a basis upon which to plan and evaluate an effective program for the prevention and control of tuberculosis.

Sexually transmitted diseases

(a) The local board of health shall control sexually transmitted diseases and shall:

1. Provide for medical services for all persons seeking medical care for Sexually Transmitted Disease (STD);

2. Secure prompt reporting of any case of STD and forward reports immediately to the Department of Health and Senior Services, Communicable Disease Field Program, as required by chapter 2 of the State Sanitary Code (N.J.A.C. 8:57-1.2);

3. Provide interview and investigation services to priority STD cases in accordance with the policy established by the Department of Health and Senior Services and report results of these services on appropriate forms provided by the Department;

4. Provide counseling to all patients infected with STD and treated at public health department STD clinics, to include, but not be limited to, disease prevention, sex partner referral, need for follow-up testing, and appropriate action to take when symptoms appear;

5. Provide public education services to the community or target population; and

6. Analyze reported data and provide a basis upon which to plan and evaluate an effective program for the prevention and control of sexually transmitted diseases.

Human Immunodeficiency Virus (HIV Infection)

(a) The local board of health shall administer a planned program to prevent and control HIV infection and shall:

1. Utilizing seroprevalence and case reporting data provided by the Department of Health and Senior Services, identify ways to reach persons at high risk within the community and develop and implement a strategy to disseminate HIV prevention and control information to these groups;

2. Maintain supplies of educational materials to meet information requests on the transmission, prevention and control of HIV;

3. Provide or arrange for other suitable local health education resources (for example, Planned Parenthood, Red Cross) to conduct education programs addressing the epidemiology, prevention and control of HIV to civic and community organizations and occupationally at risk groups utilizing State prepared or equivalent curricula;

4. Provide or arrange for in-service training addressing the epidemiology, prevention and control of HIV to all local health department personnel;

5. Develop and implement a protocol to refer individuals concerned about their HIV status to counseling and testing sites and other health care providers;

6. Refer HIV infected persons and their families seeking services to appropriate provider agencies such as mental health, drug treatment and other social service agencies; and

7. Participate in the planning, development and implementation of a county or regional program to control HIV infection and the progression to AIDS.

III. Maternal and Child Health Activities

Infants and preschool children

(a) The local board of health shall provide health supervision for infants and preschool children and shall:

1. Provide child health conferences for comprehensive preventive health care of infants and preschool children, with particular emphasis on the medically indigent, based upon the current Department of Health and Senior Services publication, "Guidelines For the Child Health Conference";

2. Prepare a Child Health Service Report CH-7 or subsequent form number for each session, and submit promptly on at least a monthly basis to the Maternal and Child Health Program in the New Jersey Department of Health and Senior Services;

3. Maintain an informational and outreach service to encourage physicians, hospitals and social agencies to refer families to the child health conference, women, infants and children supplemental Food Program (WIC) and the public health nursing agency; and

4. Provide for information and guidance on physical, emotional, nutritional, and cognitive development of infants and preschool children through child health conferences and home nursing visits.

Childhood lead poisoning

(a) The local board of health shall provide for the prevention and control of lead poisoning in young children and shall:

1. Conduct a program, the major components of which shall include:

i. Case identification;

ii. Medical management;

iii. Environmental surveillance; and

iv. Education in conformance with N.J.S.A. 214:14A-1 et seq. And chapter 13 of the State Sanitary Code (N.J.A.C. 8:51-7.7). (Also, a current issue of

"Preventing Lead Poisoning in Children, a statement by the Centers for Disease Control;" and findings of the New Jersey Physician Task Force on Lead Poisoning shall be used as guidelines for program delivery as appropriate.)

2. Develop a program plan based on elements in (a)1 above and on the degree of risk in the community as identified through the "Community Health Profile" and "Community Hazard Score for Lead Poisoning in Children" issued by the Department of Health and Senior Services;

3. Conduct case finding efforts among children one through five years of age by annual blood testing in accordance with approved collection techniques in such settings as child health conferences, WIC clinics, day care centers, nursery school and door-to-door in high risk neighborhoods, with testing priority given to children at higher risk including:

i. Those one through three years of age;

ii. Those residing in or frequenting housing units or other sites where lead-based paint may be present;

iii. Those whose parents or other household members may be occupationally or otherwise exposed to lead sources;

iv. Those at increased risk of exposure to lead sources for whatever reason;

v. Those with a history of pica or increased lead absorption; and

vi. Those who are siblings of a child with increased lead absorption;

4. Assure that confirmed positive test results based on current risk classification standards is immediately referred to medical supervision and that a child so referred shall receive on-going, medical management as appropriate;

5. Conduct environmental surveillance among patient cases identified; and

i. Provide staff capable of conducting environmental investigations;

ii. Assure that, simultaneous with referral for medical attention, and environmental investigation will be initiated to identify the probable source(s) of lead exposure and to ensure that expedient and safe removal of the lead hazard(s);

iii. Assure that along with the owner of the property wherein the child resides, the parent or guardian of the child shall be notified in writing and kept abreast as to the findings of the environmental investigation and subsequent surveillance;

iv. Ensure that during periods when actual renovation work is underway, the affected child or children are removed from the premises; and

6. Provide a program of education directed toward parents, the general public, physicians and other health personnel regarding lead intoxication, sources of lead in the environment and control measures; and

i. Assure the provision of appropriate counseling and instruction to parents of lead intoxicated children and to parents of children at risk by trained professional personnel; and

ii. Assure the provision of adequate in-service training and continuing education of program personnel.

Improved pregnancy outcome

(a) The local board of health shall reduce infant mortality by improving access to prenatal care and related services in accordance with guidelines established by the Department of Health and Senior Services and shall:

1. Maintain an information and referral system for those requesting family planning, or prenatal and WIC services, to include:

i. A file of all providers of such services in the jurisdiction; and

ii. An active referral file;

2. Maintain a liaison with prenatal clinic services, family planning clinics, WIC school nurses, school health educators, and others;

3. Provide public health nursing services as requested by agencies for prenatal follow-up to high risk women who are determined to be medically indigent, to include, at a minimum:

i. Pregnancy counseling;

ii. Prenatal information;

iii. Follow-up of all referred positive pregnancy tests to promote initiation of prenatal care in the first trimester as requested by agencies;

iv. Nursing support and education through prenatal and postpartum home nursing visits as needed; and

v. Referrals as appropriate to WIC or other nutrition services, social services, and family planning services;

4. Establish and maintain a community outreach and education program targeting high risk women including adolescents to encourage and facilitate early entrance into prenatal care; and

5. Cooperate with the Department of Health and Senior Services, Newborn Biochemical Screening Program to locate and secure repeat specimens from infants when the sample cannot be obtained through the normal channels of a hospital and/or physician.

IV. Adult Health Services Activities

Cancer services

(a) The local board of health shall provide cancer prevention for populations at high risk according to criteria outlined in the Department of Health and Senior Services' publication "Adult Health Services Guidelines" and as identified through the Community Health Profile and shall:

1. Provide screening personnel to meet the criteria for staffing as specified in the "Adult Health Services Guidelines";

2. Establish a coordinated plan for counseling, referral and follow-up of all persons with non-negative screening results;

3. Provide screening services yearly for three percent of women ages 15 to 34 and the three percent of women ages 35 to 64 who are at high risk for cervical cancer;

4. Provide education services yearly for five percent of women ages 15 to 34 and five percent of women 35 and older to receive instruction in these particular areas;

i. The risk factors for cervical cancer and breast cancer;

ii. The importance of the Pap Smear in the early detection of cervical cancer (in accordance with the American Cancer Society Guidelines on cervical cancer screening);

iii. The importance of comprehensive breast cancer screening which include mammography at intervals specified by the American Cancer Society Guidelines and a physical breast examination by a health care professional;

iv. Breast self examination as one component in a total health care awareness program; and

v. Dietary and lifestyle modifications to reduce the risk of breast and cervical cancer.

5. Provide yearly instruction to three percent of individuals over age 40 in these particular areas;

- i. The risk factors for colon/rectal cancer;
 - ii. The importance of compliance with the guidelines on colon/rectal cancer prescribed in Department of Health and Senior Services' Adult Health Services Guidelines; and
 - iii. The dietary and lifestyle modification to reduce the risk of colon/rectal cancer;
6. Provide annual reports to the State on the demographic characteristics of populations receiving screening and/or education services and the results of these screening programs;
7. Serve as a community resource to disseminate information available from the State on types of screening services available;
8. Provide for cancer-related continuing education for nursing and other program personnel at least once every three years. Include current cancer-related information in the orientation of all newly-hired cancer program staff to be involved in Cancer Services; and
9. Offer smoking prevention and cessation programs as defined in the "Adult Health Services Guidelines" (N.J.A.C. 8:52-6).

Diabetes services

(a) The local board of health shall provide for diabetes education services per the Department of Health and Senior Services' "Adult Health Services Guidelines" and shall:

- 1. Conduct public education related to diabetes and its risk factors such as age, obesity and family history;
- 2. Conduct diabetes risk assessment on all adult clients who utilize clinical or hypertension or cancer screening services, and counsel, refer, and follow-up clients where appropriate;
- 3. Educate or appropriately refer known diabetics to available diabetes-related education and other community resources (such as ophthalmologist, podiatrist, etc.); and
- 4. Provide for diabetes-related continuing education for nursing and other program staff at least once every three years, and include current diabetes-related information in the orientation of all newly-hired staff to be involved in Diabetes Services.

Cardiovascular disease services

(a) The local board of health shall provide cardiovascular disease control services according to the Department of Health and Senior Services "Adult Health Services Guidelines" and shall:

- 1. Provide hypertension screening services yearly to one percent of the high risk population;

2. Provide cardiovascular risk factor assessment and counseling on all individuals screened for hyper-tension and include the following areas:

- i. Family history of cardiovascular disease;
- ii. Smoking;
- iii. Excessive cholesterol intake;
- iv. Obesity;
- v. Diabetes; and
- vi. Exercise, and counsel, refer and follow-up clients where appropriate

3. Provide cardiovascular health education programs for the general public;

4. Provide cardiovascular health education programs for hypertensive individuals; and

5. Provide for cardiovascular-related continuing education for nursing and other program staff at least once every three years, and include current cardiovascular-related information in the orientation of all newly-hired staff to be involved in cardiovascular disease services.

Health services for older adults

(a) The local board of health shall provide for a health program at locations selected by the health department which identifies the health needs of adults age 65 and older, and shall:

- 1. Provide a health needs assessment yearly on one percent of the non-institutionalized elderly in accordance with "Guidelines for Health Services for Older Adults" contained in the Adult Health Services Guidelines (available at the New Jersey Department of Health and Senior Services);
- 2. Provide education on alcohol abuse and medication management;
- 3. Follow-up and make referrals as appropriate for abnormal screening results or for needs identified in the individual's history and/or intake;
- 4. Assure participation at service sites through advance notification (for example: publicity);
- 5. Provide for gerontology related continuing education for staff at least once every three years, and include current gerontology related information in the orientation program for all new staff providing these services; and
- 6. Provide immunizations (for example, influenza and pneumococcal vaccines) at the discretion of the local health agency in accordance with the Immunization Practices Advisory Committee of the U.S. Public Health Services.

V. Health Education/Health Promotion

(a) A structured program shall be provided by the Health Educator or Field Representative, Health Education, in accordance with community health education needs, which shall include health components for Alcohol Abuse Control, Drug Abuse Control, Smoking Prevention and Cessation, Nutrition, Injury Control, and Physical Fitness and Exercise and shall include the following:

1. An assessment of health education needs and identification of target population based on information from the New Jersey Department of Health and Senior Services Community Health Profile and other relevant health related data;
2. Written health education plans with measurable objectives for the six components in (a) above, based on the Health Promotion Guidelines, contained in the Adult Health Services Guidelines and other identified health education needs;
3. Identification and involvement of local leadership in the planning, implementation, and maintenance of needed health education services and programs to include collaboration with other agencies service the community where such opportunities exist, and consultation with content specialists in the six required components in (a) above; and other areas as needed;
4. Application of appropriate health education interventions to provide for the effective implementation of health education programs (that is, community developments, skill development, simulation, peer group discussion, behavior modification, lecture, media awareness, programmed learning, individual instruction, etc);
5. Integration of a health education component into health department programs and services, covering the six required promotion topics in (a) above;

6. Consultation and training in the application of health education techniques for the professional staff of the health department;

7. Evaluation and report of the degree of success in achieving predetermined health education objectives; and

8. The health educator or Field Representative, Health Education shall serve as a community health information resource.

Public health nursing

(a) Provision of public health nursing services shall include the following:

1. The services of a public health nurse director or supervisor to assess, plan, implement and evaluate public health nursing services in accordance with community health needs;
2. Up-to-date written objectives, policies and procedures developed in cooperation with the health officer, for each activity in which there is nursing participation which relate to the overall goals of the local health agency;
3. The maintenance and use of individuals, family and other service records according to current professional standards;
4. Orientation in-service and continuing education programs for nursing staff;
5. Annual reports of services rendered which include pertinent statistics and descriptive narrative as related to objectives; and
6. Integration, in conjunction with the health educator, of the relevant components of the health promotion program into all activities involving public health nursing services.